

Office of the West Bengal Clinical Establishment Regulatory Commission

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Case Reference: ID- WBCERC/KOL/219/2025-26

Present: Justice Ashim Kumar Banerjee (Retired), Chairman

Dr.Sukumar Mukherjee,

Dr. Makhan Lal Saha

Dr. Maitrayee Banerjee,

Mr. Manish Pandey.....Complainant

- Versus-

Narayan Memorial Hospital.....Respondent

Heard on: December 4, 2025.

Judgment on: March 2, 2026.

BACKDROP

Mr. Manish Pandey, the complainant above named, got his father Mr. Dew Kumar Pandey aged about 53 years admitted at Narayan Memorial Hospital on October 5, 2025 with the history of recent hiccups since morning, epigastric pain and vomiting for 2 days and swelling in the inguinal scrotal region for three days. He was a patient of hypertension and left knee osteoarthritis under regular medication. According to the CE, the patient was admitted under Dr. Sayantan Gayen. The patient was examined by Dr. Gayen at OPD. Considering his clinical condition, Dr. Gayen advised urgent hospitalization and the patient was admitted under his care at 2.58 pm. USG of scrotum was performed revealing right-sided inguinal hernia containing bowel loops and omentum, along with a left epididymal cyst. On the next day of admission, Dr. Pranab Kumar Mondal, General Surgeon, examined him. The patient complained of chest pain; Trop- I (quantitative) was advised which came positive. The advice of consultant cardiologist was taken. He was advised CAG which revealed Minor Coronary Artery Disease.

BS

AF

CECT whole abdomen revealed right-sided obstructed inguinal hernia causing small bowel obstruction with minimal ascites. Dr. Mondal, General Surgeon, did the surgery. Mesh hernioplasty was performed on October 8, 2025 and the patient was shifted to ICU on invasive ventilation for further management. The critical care expert was consulted. The patient suffered cardiac arrest at 11.45 am on October 11, 2025. CPR was given. The patient could not survive. However, the critical prognosis was explained by Dr. Gayan to the complainant. The patient suffered a second cardiac arrest on the same day at 12.25 pm. CPR was given. His pulse and BP could not be recorded. The patient was declared clinically dead at 12.45 pm on October 11, 2025.

On November 24, 2025 the complainant complained of medical negligence as well as hospital negligence that we heard on December 4, 2025.

COMPLAINT

The complaint would reveal the following:-

- I) Despite surgery being done, the condition of the patient deteriorated repeatedly. The patient remained for more than 61 hours with no meaningful improvement or effort from the ICU team.

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II) Dr. Gayan did not take it seriously and failed to provide regular updates.

III) Despite request for change of doctor by involving Dr. Dalia Chatterjee in the process of treatment, the CE refused to change Dr. Gayan. Dr. Chatterjee was seen present at the hospital on the same day.

RESPONSE

The CE gave their response on November 29, 2025 giving details of the treatment that was given to the patient.

The CE denied each and every allegations made in the complaint. They asserted, the medical team acted promptly at every stage and the treating team did their best. Daily communication with the family members was made. There was no delay in treatment or providing any wrong information as alleged. Dr. Dalia Chatterjee was on leave from September 30, 2025 to October 11, 2025 hence, the prayer for change of doctor could not be adhered to.

AP

Dr. Gayan, the consultant under whom the patient was admitted, also gave a written statement similar to the response given by the CE.

HEARING

We have heard the parties at length.

We reserved our judgment.

EXPERT OPINION

Our esteemed medical members Dr. Sukumar Mukherjee, Dr. M L Saha and Dr. Maitrayee Banerjee interacted with the parties in detail. They also evaluated the medical records. They gave their opinion which are extracted below:-

DR. SUKUMAR MUKHERJEE

"Mr. Dew Kumar Pandey aged about 53 years

Co-morbidities – hypertension with left knee osteoarthritis

right-sided inguinal hernia and left Epididymal cyst.

Admitted 05/10/2025

CAG 08/10/2025 – minor CAD

Operation on 08/10/2025 with proper precaution obstructed and / or strangulated inguinal hernia , fluid level left epididymal cyst.

Why operation in obstructed and / or strangulated hernia is delayed by 48 hours following admission on 8/10/2025. Is it not surgical emergency?

Developed aspiration pneumonia , septicemia and dyselectrolytemia

On 11/10/2025 –cardiac arrest at 11.45AM and death.

Causes of death- septicemic shock

Aspiration pneumonia and

Acute Coronary syndrome

So rapid sepsis and death- How could it happen in 48-72 hours following operation?

Why septic shock and acute coronary

Syndrome concurrent when

CAG shows minor disease on 08/10/2025? What is evidence of acute coronary syndrome?

Is it not surgical complication ?It remains to be confirmed .

No PM."

DR. M.L. SAHA.

"Mr Dew Kumar Pandey 53 years old gentleman attended NMH on 5.10.25 with complain of a swelling in inguinoscrotal region for 3 days, pain abdomen, Vomiting and hiccup for 2 days. Patient was seen by Dr Sayantan Gayen (physician) and advised for admission in HDU,

On admission on 5.10.25. around 3 pm patient was started on conservative treatment. In spite of repeated vomiting and features of intestinal obstruction patient was advised minimal IV fluid Normal saline 12 hourly and was allowed semisolid diet as per advise in BHT. Symptomatic treatment for relief of hiccup was given without addressing the intestinal obstruction.

On 5.10.25 night a TROP T test was done and patient was advised ASPIRIN and 3% NaCl. No referral to surgeon done on admission in spite of the fact that this is a case of obstructed inguinal hernia.

USG was done on the next day i.e. on 6.10.25. Without addressing the intestinal obstruction patient was given enema and oral purgative. Patient was referred to a surgeon Dr Vikram Chaturvedi. But Dr Chaturvedi was

not available and he has not seen the patient on 6.10.25. A CT scan was advised and patient was continued on only one litre of IV fluid/24 hours which was grossly inadequate for a patient with repeated vomiting and intestinal obstruction.

An ECHOCARDIOGRAPHY done on 6.10.25 revealed normal study without any evidence of gross cardiac disease. On 7.10.25. Based on positive Trop T test patient was started on anticoagulant Inj Clezan and Tab Clopidogrel. It is also noted in BHT that Dr Vikarm Chaturvedi will see this patient on 7.10.25. evening. In view of positive Trop T test patient was diagnosed to have ACS (Acute coronary syndrome). Unfortunate that the treating doctor failed to appreciate that TROP T test may also be positive in Bowel obstruction.

Patient was referred to a cardiologist Dr Sudip Kr Ghosh (cardiologist). AS Dr Chaturvedi did not see this patient yet patient was referred to another surgeon Dr Pranab Kr. Mondal. Dr Pranab Kr Mondal saw the patient on 7.10.25. and advised for Exploratory laparotomy after CAG-PTCA and decided to operate on 8.10.25. He asked for high risk consent and advised to keep 2 units of PRBC and 4 units of FFP to keep on reserve.

Dr Sayantan Gayen reviewed the CT scan and noted CT scan findings in BHT – which clearly mentioned about obstructed inguinal hernia. Patient was put on double dose of oral purgative and duphalac enema and seek opinion of Dr S K Ghosh cardiologist without addressing the intestinal obstruction on urgent basis.

On 8.10.25.planned for both CAG +/- Revascularisation and Exploratory laparotomy and hernioplasty. CAG done on 8.10.25 which revealed minor coronary artery disease and clearance given for surgery from cardiological point of view.

Patient underwent operation on 8.10.25. evening – Mesh hernioplasty and right orchidectomy done. Patient was critical postoperatively and was shifted to HDU on ventilator. In next 3 days patient remained critical on ventilator and was on inotropic support and patient died on 11.10.25.at 12.45 pm.

Mr Manish Pandey, son of Late Dew Kumar pandey alleging negligence on the part of doctor and the hospital staff.

Mr Pndey raised question about conduct, decision and actions of Dr Sayantan Gayen,role of ICU team. As Dr Sayantan was delaying the

treatment process he wanted change of doctor for care of his father which was not complied.

Hospital refuted the allegations made by Mr Pandey. In the reply Hospital tried to Justify doing coronary angiography by saying that patient has chest pain. No where in the BHT there was any mention of chest pain.

The reply mentioned that they communicated with the patient relatives twice daily. BHT submitted does not show any records of such counseling. The cause of death was mentioned as Septicemic shock, Aspiration pneumonia and acute coronary syndrome. There is no mention of the primary disease – Obstructed inguinal hernia in the death certificate.

The claim that everything was done without delay is not substantiated as there was delay in referral to surgeon and cardiologist. Surgery was delayed and was done 4 days after admission. CE tried to justify that there was no deficiency in decision making.

Observation and Comments:-

- Mr Manish Pandey presented to Hospital with features of obstructed inguinal hernia – with pain abdomen, vomiting, hiccup and swelling in right inguinoscrotal region.*

- *This patient should have been seen by a surgeon on the very first day and there was no reason to admit this patient under a physician.*
- *After admission- the treatment planning was also not as per standard protocol- patient presenting with repeated vomiting and acute small bowel obstruction was given only 1 litre of IV fluid in 24 hours which was grossly inadequate.*
- *Surprisingly, inspite of vomiting and small bowel obstruction patient was allowed oral semisolid diet.*
- *No referral was done to a surgeon immediately after admission.*
- *Patient was referred to a surgeon Dr Vikram Chaturvedi on 6.10.25. But he has not seen the patient till 7.10.25. Surgical consultation was urgently required in this case and CE should have ensured availability of Dr Vikram Chaturvedi or else refer the patient to another surgeon without delay.*
- *There has been gross delay in surgical consultation. Subsequently referral was done to Dr. Pranab Mondal (surgeon) on 7.10.25. Dr. Pranab Mondal saw the patient on 7.10.25. and decided to operate on the next day after cardiac evaluation is completed.*

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- *Based on Trop T result patient was referred to cardiologist. On duty doctor failed to realise that Trop T test may also be positive in small bowel obstruction. Consequently the urgent surgery required was delayed by almost 4 days.*
- *The patient is not being managed as per standard protocol. Timely referral and urgent surgical intervention would have save the patient.*
- *There is gross deficiency of services on the part of treating doctors and the CE and is a fit case for award of compensation to the complainant.”*

DR. MAITRAYEE BANERJEE

“A 53 year old male patient Mr. Dew Kumar Pandey presented with pain abdomen hiccups and scrotal swelling that was diagnosed by the CE on 06.10.2025 as right-sided obstructed inguinal hernia containing omental and bowel loops and left epididymal cyst.

This is a documented surgical emergency where mortality and morbidity increases rapidly with time, increasing the risk of gangrene, necrotic bowel and death. Failure to intervene promptly can result in necrotizing fasciitis gangrene, enteroscrotal fistula, sepsis and death. Yet, the CE

opted for conservative management from 06.10.2025 to 08.10.2025 that is approximately 50 hours on the ruse of a minor coronary artery disease. Did the hospital fail to understand the urgency of an exploratory lapratomy or did systematic barriers such as inaccessibility to surgeons cause this inordinate delay, which culminated in serious complication and ultimately death. It is also unfortunate that the CE in its own note of normal echocardiography and minor coronary artery decease tried to justify cause of death as Septicemic shock, aspiration pneumonia and acute coronary syndrome. Inordinate delay in surgical referral was the key cause of this unfortunate incident and the CE must take responsibility for this lapse in service."

OUR VIEW

Dr. Saha is of the opinion the treatment given to the patient was not as per standard protocol. The patient having history of repeated vomiting was given only 1 litre of IV fluid that was grossly inadequate. The patient was allowed oral semisolid diet despite vomiting. No referral was made to the surgeon immediately on admission. The patient was referred to Dr. Vikram Chaturvedi on the next day. However, Dr. Chaturvedi examined the

patient on October 7, 2025 and after about 28 hours of admission. The CE should have arranged for immediate surgical intervention in absence of Dr. Chaturvedi on the very next day of admission. There has been gross delay in surgical consultation and the patient was ultimately operated on the 4th day of admission. TROP T test result came positive and the concerned doctor should have understood that such positive result would require immediate surgery that was delayed by almost four days.

According to Dr. Saha, there was gross deficiency of service on the part of the CE and treating team and recommended the case for award of compensation to the complainant.

Dr. Mukherjee is also very critical about the delay in surgical intervention. According to him, in obstructed and strangulated hernia delay of 48 hours was crucial. He also questioned the alleged cause of acute coronary syndrome in absence of appropriate diagnosis. He was also critical about the rapid sepsis within 48-72 hours in postoperation period.

We have considered the entire backdrop. We have also perused the expert opinion given by Dr. M.L Saha and Dr. Sukumar Mukherjee. We are in full agreement with them. There had been a total hospital negligence as CE

inordinately delayed in arranging surgical intervention that caused ultimate death of the patient.

RESULT

We impose compensation of Rs. 25,00,000/- in terms of section 33 of The West Bengal Clinical Establishments (Registration, Regulation and Transparency) Act 2017.

The complaint is disposed of accordingly.

Sd/-

(ASHIM KUMAR BANERJEE)

We agree,

Sd/-

Dr. Sukumar Mukherjee

Sd/-

Dr. Makhan Lal Saha

Sd/-

Dr. Maitrayee Banerjee

Authenticated

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[Signature]
Secretary
West Bengal Clinical Establishment
Regulatory Commission

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